

**FEC  
FORM 3X****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

1. NAME OF  
COMMITTEE (in full)**USE FEC MAILING LABEL  
OR TYPE OR PRINT**Example: If typing, type  
over the lines

Rely on Your Beliefs Fund

ADDRESS (number and street)

209 Pennsylvania Avenue, SE

Check if different  
than previously  
reported. (ACC)

Washington

DC

20003

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00344648

3. IS THIS  
REPORTNEW  
(N)

OR

AMENDED  
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

April 15  
Quarterly Report(Q1)July 15  
Quarterly Report(Q2)October 15  
Quarterly Report(Q3)January 31  
Quarterly Report(YE)July 31 Mid-Year  
Report(Non-election  
Year Only) (MY)Termination Report  
(TER)(b) Monthly  
Report  
Due On:

Feb 20 (M2)



May 20 (M5)



Aug 20 (M8)

Nov 20 (M11)  
(Non-Election  
Year Only)

Mar 20 (M3)



Jun 20 (M6)



Sep 20 (M9)

Dec 20 (M12)  
(Non-Election  
Year Only)

Apr 20 (M4)



Jul 20 (M7)



Oct 20 (M10)



Jan 31 (YE)

(c) 12-Day  
**PRE-Election**  
Report for the:

Primary (12P)



General (12G)



Runoff (12R)



Convention (12C)



Special (12G)

Election on

in the  
State of(d) 30-Day  
**Post -Election**  
Report for the:

General (30G)



Runoff (30R)



Special (30S)

Election on

in the  
State of

5. Covering Period

02

01

2008

through

02

29

2008

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Paul Kilgore

Signature of Treasurer

Electronically Filed by Paul Kilgore

Date

03

20

2008

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office  
Use  
Only**FEC FORM 3X**  
(Rev. 12/2004)

# SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name  
Rely on Your Beliefs Fund

Report Covering the Period:

From:

M	M	D	D	Y	Y	Y	Y
0	2	0	1	2	0	0	8

To:

M	M	D	D	Y	Y	Y	Y
0	2	2	9	2	0	0	8

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 <span>2008</span>		218710.98
(b) Cash on Hand at Beginning of Reporting Period .....	196990.66	
(c) Total Receipts (from Line 19) .....	18173.42	18173.42
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	215164.08	236884.40
7. Total Disbursements (from Line 31) .....	167071.41	188791.73
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	48092.67	48092.67
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	

☐ This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

## For further information contact:

Federal Election Commission  
999 E street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# **DETAILED SUMMARY PAGE OF RECEIPTS**

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name  
Rely on Your Beliefs Fund

Report Covering the Period:

From:

M M D D Y Y W Y  
0 2 0 1 2 0 0 8

To:

M M D D Y Y W Y  
0 2 2 9 2 0 0 8

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	1000.00	1000.00
(i) Itemized (use Schedule A) .....	0.00	0.00
(ii) Unitemized .....	1000.00	1000.00
(iii) TOTAL (add Lines 11(a)(i) and (ii) ..... ➡	0.00	0.00
(b) Political Party Committees .....	16500.00	16500.00
(c) Other Political Committees (such as PACs) .....	17500.00	17500.00
(d) Total Contributions (add Lines 11(a)(iii), (b) and (c)) (Carry Totals to Line 33, page 5) ..... ➡		
12. Transfers From Affiliated/Other Party Committees .....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received .....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) .....	673.42	673.42
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	18173.42	18173.42
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	18173.42	18173.42

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	114571.41	123791.73
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ➡	114571.41	123791.73
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	47500.00	60000.00
24. Independent Expenditure (use Schedule E) .....	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....	0.00	0.00
29. Other Disbursements.....	5000.00	5000.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share .....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	167071.41	188791.73
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	167071.41	188791.73

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3) .....	17500.00	17500.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	17500.00	17500.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	114571.41	123791.73
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	673.42	673.42
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	113897.99	123118.31

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 / 34

(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Rely on Your Beliefs Fund

**A.**

Full Name (Last, First, Middle Initial)

Altria Group PAC

Mailing Address 101 Constitution Ave NW  
Suite 400

City State Zip Code  
Washington DC 20001-2133

FEC ID number of contributing  
federal political committee.

**C** C00089136

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 2 / 0 4 / 2 0 0 8

Transaction ID: 80218.C677

Amount of Each Receipt this Period

5000.00

Receipt

**B.**

Full Name (Last, First, Middle Initial)

Nuclear Engery Institute PAC

Mailing Address 1776 I St NW  
4th Floor

City State Zip Code  
Washington DC 20006-3710

FEC ID number of contributing  
federal political committee.

**C** C00239848

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 2 / 0 4 / 2 0 0 8

Transaction ID: 80218.C680

Amount of Each Receipt this Period

1500.00

Receipt

**C.**

Full Name (Last, First, Middle Initial)

Pricewaterhouse Coopers PAC

Mailing Address 1301 K St NW Ste 800  
Suite 800 West

City State Zip Code  
Washington DC 20005-3317

FEC ID number of contributing  
federal political committee.

**C** C00107235

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 2 / 0 4 / 2 0 0 8

Transaction ID: 80218.C675

Amount of Each Receipt this Period

5000.00

Receipt

**SUBTOTAL** of Receipts This Page (optional) .....

11500.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 34

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

Rely on Your Beliefs Fund

**A.**

Full Name (Last, First, Middle Initial)

Wal-Mart Stores, Inc. PAC

Mailing Address 575 7th St NW

City

Washington

State

DC

Zip Code

20004-1607

FEC ID number of contributing  
federal political committee.**C** C00093054

Name of Employer

Occupation

Receipt For:

☐ Primary
 ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	2		1	8		2	0	0	8

Transaction ID: 80218.C683

Amount of Each Receipt this Period

5000.00

Receipt

SUBTOTAL of Receipts This Page (optional) .....

5000.00

TOTAL This Period (last page this line number only) .....

16500.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 34

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Rely on Your Beliefs Fund

**A.**

Full Name (Last, First, Middle Initial)

Stefan Passantino

Mailing Address 3907 Upland Way

City

Marietta

State

GA

Zip Code

30066-3057

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
McKenna, Long, & Aldridge

Occupation  
Attorney

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 1 8 / 2 0 0 8

Transaction ID: 80218.C682

Amount of Each Receipt this Period

1000.00

Receipt

**SUBTOTAL** of Receipts This Page (optional) .....

1000.00

**TOTAL** This Period (last page this line number only) .....

1000.00



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 34

(check only one)

☐ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☒ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Rely on Your Beliefs Fund

**A.**

Full Name (Last, First, Middle Initial)

Dean Andal for Congress

Mailing Address 7450 Shoreline Dr

City

Stockton

State

CA

Zip Code

95219-5454

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

362.40

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 0 4 / 2 0 0 8

Transaction ID: 80218.C678

Amount of Each Receipt this Period

362.40

Offsets to Operating Expe-  
nditu

**B.**

Full Name (Last, First, Middle Initial)

Lamborn for Congress

Mailing Address 5170 N Union Blvd

City

Colorado Springs

State

CO

Zip Code

80918-2045

FEC ID number of contributing  
federal political committee.

C

C00420745

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

169.90

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 0 4 / 2 0 0 8

Transaction ID: 80218.C676

Amount of Each Receipt this Period

169.90

Offsets to Operating Expe-  
nditu

**SUBTOTAL** of Receipts This Page (optional) .....

532.30

**TOTAL** This Period (last page this line number only) .....

532.30

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Rely on Your Beliefs Fund

<b>A.</b> Full Name (Last, First, Middle Initial) UPS Mailing Address PO Box 72470244	<b>Transaction ID:</b> 80218.E1257 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 2 / 0 4 / 2 0 0 8</div> </div>
City Philadelphia State PA Zip Code 19170-0001 Purpose of Disbursement PAC Shipping Expense Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Amount of Each Disbursement this Period</b> <div>54.17</div> <b>PAC SHIPPING EXPENSE</b>
<b>B.</b> Full Name (Last, First, Middle Initial) UPS Mailing Address PO Box 72470244 City Philadelphia State PA Zip Code 19170-0001 Purpose of Disbursement PAC Shipping Expense Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> 80218.E1264 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 2 / 0 8 / 2 0 0 8</div> </div> <b>Amount of Each Disbursement this Period</b> <div>20.61</div> <b>PAC SHIPPING EXPENSE</b>
<b>C.</b> Full Name (Last, First, Middle Initial) UPS Mailing Address PO Box 72470244 City Philadelphia State PA Zip Code 19170-0001 Purpose of Disbursement PAC Shipping Expense Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> 80319.E1286 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 2 / 2 7 / 2 0 0 8</div> </div> <b>Amount of Each Disbursement this Period</b> <div>23.32</div> <b>PAC SHIPPING EXPENSE</b>

**SUBTOTAL** of Disbursements This Page (optional) ..... ►

98.10

**TOTAL** This Period (last page this line number only) ..... ►

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Rely on Your Beliefs Fund

<b>A.</b> Full Name (Last, First, Middle Initial) Visa Mailing Address PO Box 77042	<b>Transaction ID:</b> 80218.E1229 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 2 / 0 4 / 2 0 0 8</div> </div>
City Madison State WI Zip Code 53707-1042 Purpose of Disbursement Credit Card Charges: See Below Candidate Name <div> <div>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</div> <div>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</div> <div>State: District:</div> </div>	<b>Amount of Each Disbursement this Period</b> <div>194.67</div> <b>CREDIT CARD CHARGES: SEE BELOW</b>
<b>B.</b> Full Name (Last, First, Middle Initial) Johnnys Half Shell Mailing Address 400 N Capitol St NW City Washington State DC Zip Code 20001-1511 Purpose of Disbursement PAC Meeting Expense Candidate Name <div> <div>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</div> <div>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</div> <div>State: District:</div> </div>	<b>Transaction ID:</b> 80218.E1231 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 2 / 0 4 / 2 0 0 8</div> </div> <b>Amount of Each Disbursement this Period</b> <div>83.85</div> <b>[MEMO ITEM]</b> MEMO: PAC MEETING EXPENSE
<b>C.</b> Full Name (Last, First, Middle Initial) Occidental Grill Mailing Address 1475 Pennsylvania Ave NW City Washington State DC Zip Code 20004-1046 Purpose of Disbursement PAC Meeting Expense Candidate Name <div> <div>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</div> <div>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</div> <div>State: District:</div> </div>	<b>Transaction ID:</b> 80218.E1230 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 2 / 0 4 / 2 0 0 8</div> </div> <b>Amount of Each Disbursement this Period</b> <div>81.85</div> <b>[MEMO ITEM]</b> MEMO: PAC MEETING EXPENSE

**SUBTOTAL** of Disbursements This Page (optional) ..... ►

194.67

**TOTAL** This Period (last page this line number only) ..... ►

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 12 / 34

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Rely on Your Beliefs Fund

**A.**

Full Name (Last, First, Middle Initial)  
Visa

Mailing Address PO Box 77042

City Madison State WI Zip Code 53707-1042

Purpose of Disbursement  
Credit Card Charges: See Below

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 80218.E1232

Date of Disbursement

MM / DD / YYYY  
02 / 04 / 2008

Amount of Each Disbursement this Period

254.64

CREDIT CARD CHARGES: SEE  
BELOW

**B.**

Full Name (Last, First, Middle Initial)  
US Airways

Mailing Address 4000 E Sky Harbor Blvd

City Phoenix State AZ Zip Code 85034-3802

Purpose of Disbursement  
PAC Credit Voucher

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 80218.E1240

Date of Disbursement

MM / DD / YYYY  
02 / 04 / 2008

Amount of Each Disbursement this Period

-2444.70

[MEMO ITEM]  
MEMO: PAC CREDIT VOUCHER

**C.**

Full Name (Last, First, Middle Initial)  
SCI\*Stamps.com

Mailing Address 12959 Coral Tree Pl

City Los Angeles State CA Zip Code 90066-7020

Purpose of Disbursement  
PAC Postage

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 80218.E1243

Date of Disbursement

MM / DD / YYYY  
02 / 04 / 2008

Amount of Each Disbursement this Period

63.96

[MEMO ITEM]  
MEMO: PAC POSTAGE

**SUBTOTAL** of Disbursements This Page (optional) .....

254.64

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 13 / 34

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Rely on Your Beliefs Fund

**A.**

Full Name (Last, First, Middle Initial)  
United Airlines

Mailing Address 1200 E Algonquin Rd

City State Zip Code  
Arlington Heights IL 60005-4712

Purpose of Disbursement  
PAC Airfare Expense

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** 80218.E1234

Date of Disbursement

/   /

Amount of Each Disbursement this Period

44.00

**[MEMO ITEM]**

MEMO: PAC AIRFARE EXPENSE

**B.**

Full Name (Last, First, Middle Initial)  
Boston Coach

Mailing Address 37 Waverly St

City State Zip Code  
Framingham MA 01702-7127

Purpose of Disbursement  
PAC Transportation Expense

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** 80218.E1238

Date of Disbursement

/   /

Amount of Each Disbursement this Period

267.88

**[MEMO ITEM]**

MEMO: PAC TRANSPORTATION  
EXPENSE

**C.**

Full Name (Last, First, Middle Initial)  
Amtrak

Mailing Address 50 Massachusetts Ave NE

City State Zip Code  
Washington DC 20002-4214

Purpose of Disbursement  
PAC Travel Expense

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** 80218.E1244

Date of Disbursement

/   /

Amount of Each Disbursement this Period

169.00

**[MEMO ITEM]**

MEMO: PAC TRAVEL EXPENSE

**SUBTOTAL** of Disbursements This Page (optional) .....

0.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Rely on Your Beliefs Fund

**A.**

Full Name (Last, First, Middle Initial)  
Delta Airlines

Mailing Address 1030 Delta Blvd

City Atlanta State GA Zip Code 30354-1989

Purpose of Disbursement  
PAC Credit Voucher

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 80218.E1239

Date of Disbursement

/   /

Amount of Each Disbursement this Period

-849.41

**[MEMO ITEM]**

MEMO: PAC CREDIT VOUCHER

**B.**

Full Name (Last, First, Middle Initial)  
Churchill Coffee Company

Mailing Address 4253 Enterprise

City Rogersville State MO Zip Code 65742-7244

Purpose of Disbursement  
PAC Event Expense

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 80218.E1245

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1699.54

**[MEMO ITEM]**

MEMO: PAC EVENT EXPENSE

**C.**

Full Name (Last, First, Middle Initial)  
Hilton Hotels

Mailing Address 921 SW 6th Ave

City Portland State OR Zip Code 97204-1202

Purpose of Disbursement  
PAC Lodging Expense

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 80218.E1237

Date of Disbursement

/   /

Amount of Each Disbursement this Period

235.88

**[MEMO ITEM]**

MEMO: PAC LODGING EXPENSE

**SUBTOTAL** of Disbursements This Page (optional) .....

0.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Rely on Your Beliefs Fund

**A.**

Full Name (Last, First, Middle Initial)  
Jonathan Club

Mailing Address 545 S Figueroa St

City Los Angeles State CA Zip Code 90071-1704

Purpose of Disbursement  
PAC Meeting Expense

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 80218.E1235

Date of Disbursement

/   /

Amount of Each Disbursement this Period

230.86

**[MEMO ITEM]**

MEMO: PAC MEETING EXPENSE

**B.**

Full Name (Last, First, Middle Initial)  
The Ritz Carlton

Mailing Address 181 Peachtree St

City Atlanta State GA Zip Code 30303-1744

Purpose of Disbursement  
PAC Lodging Expense

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 80218.E1242

Date of Disbursement

/   /

Amount of Each Disbursement this Period

249.00

**[MEMO ITEM]**

MEMO: PAC LODGING EXPENSE

**C.**

Full Name (Last, First, Middle Initial)  
Visa

Mailing Address PO Box 77042

City Madison State WI Zip Code 53707-1042

Purpose of Disbursement  
Credit Card Charges: See Below

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 80218.E1246

Date of Disbursement

/   /

Amount of Each Disbursement this Period

4153.17

CREDIT CARD CHARGES: SEE  
BELOW

**SUBTOTAL** of Disbursements This Page (optional) .....

4153.17

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Rely on Your Beliefs Fund

**A.**

Full Name (Last, First, Middle Initial)

Washington Post

Mailing Address 1150 15th St NW

City Washington State DC Zip Code 20071-0001

Purpose of Disbursement  
PAC Subscription

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 80218.E1250

Date of Disbursement

02 / 04 / 2008

Amount of Each Disbursement this Period

30.46

**[MEMO ITEM]**

MEMO: PAC SUBSCRIPTION

**B.**

Full Name (Last, First, Middle Initial)

United Airlines

Mailing Address 1200 E Algonquin Rd

City Arlington Heights State IL Zip Code 60005-4712

Purpose of Disbursement  
PAC Credit Voucher

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 80218.E1247

Date of Disbursement

02 / 04 / 2008

Amount of Each Disbursement this Period

-805.39

**[MEMO ITEM]**

MEMO: PAC CREDIT VOUCHER

**C.**

Full Name (Last, First, Middle Initial)

Continental Airlines

Mailing Address 1600 Smith St

City Houston State TX Zip Code 77002-7362

Purpose of Disbursement  
PAC Airfare

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 80218.E1255

Date of Disbursement

02 / 04 / 2008

Amount of Each Disbursement this Period

765.00

**[MEMO ITEM]**

MEMO: PAC AIRFARE

**SUBTOTAL** of Disbursements This Page (optional) .....

0.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Rely on Your Beliefs Fund

**A.**

Full Name (Last, First, Middle Initial)  
Greenbrier Hotel

Mailing Address 300 W Main St

City State Zip Code  
White Sulphur Spri WV 24986-2414

Purpose of Disbursement  
PAC Lodging Expense

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** 80218.E1256

Date of Disbursement

/   /

Amount of Each Disbursement this Period

300.00

**[MEMO ITEM]**

MEMO: PAC LODGING EXPENSE

**B.**

Full Name (Last, First, Middle Initial)  
American Air

Mailing Address 4255 Amon Carter Blvd # 2400

City State Zip Code  
Fort Worth TX 76155-2603

Purpose of Disbursement  
PAC Airfare Expense

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** 80218.E1252

Date of Disbursement

/   /

Amount of Each Disbursement this Period

2421.00

**[MEMO ITEM]**

MEMO: PAC AIRFARE EXPENSE

**C.**

Full Name (Last, First, Middle Initial)  
Nashville Wraps LLC

Mailing Address 242 Molly Walton Dr

City State Zip Code  
Hendersonville TN 37075-2154

Purpose of Disbursement  
PAC Event Supplies

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** 80218.E1254

Date of Disbursement

/   /

Amount of Each Disbursement this Period

244.80

**[MEMO ITEM]**

MEMO: PAC EVENT SUPPLIES

**SUBTOTAL** of Disbursements This Page (optional) .....

0.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)  
 Rely on Your Beliefs Fund

**A.**

Full Name (Last, First, Middle Initial)  
 Delta Airlines

Mailing Address 1030 Delta Blvd

City Atlanta State GA Zip Code 30354-1989

Purpose of Disbursement  
 PAC Airfare Expense

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** 80218.E1248

Date of Disbursement

/   /

Amount of Each Disbursement this Period

937.80

**[MEMO ITEM]**

MEMO: PAC AIRFARE EXPENSE

**B.**

Full Name (Last, First, Middle Initial)  
 Visa

Mailing Address PO Box 77042

City Madison State WI Zip Code 53707-1042

Purpose of Disbursement  
 See Below: No Itemization Necessary

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** 80319.E1294

Date of Disbursement

/   /

Amount of Each Disbursement this Period

101.82

SEE BELOW: NO ITEMIZATION  
NECESSARY

**C.**

Full Name (Last, First, Middle Initial)  
 Visa

Mailing Address PO Box 77042

City Madison State WI Zip Code 53707-1042

Purpose of Disbursement  
 Credit Card Charges: See Below

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** 80319.E1296

Date of Disbursement

/   /

Amount of Each Disbursement this Period

4475.74

CREDIT CARD CHARGES: SEE  
BELOW

**SUBTOTAL** of Disbursements This Page (optional) .....

4577.56

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 19 / 34

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Rely on Your Beliefs Fund

**A.**

Full Name (Last, First, Middle Initial)  
Staples

Mailing Address 2135 E Independence St

City Springfield State MO Zip Code 65804-3749

Purpose of Disbursement  
PAC Office Supplies

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** 80319.E1299

Date of Disbursement

/   /

Amount of Each Disbursement this Period

205.57

**[MEMO ITEM]**

MEMO: PAC OFFICE SUPPLIES

**B.**

Full Name (Last, First, Middle Initial)  
SCI\*Stamps.com

Mailing Address 12959 Coral Tree Pl

City Los Angeles State CA Zip Code 90066-7020

Purpose of Disbursement  
PAC Postage

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** 80319.E1304

Date of Disbursement

/   /

Amount of Each Disbursement this Period

31.98

**[MEMO ITEM]**

MEMO: PAC POSTAGE

**C.**

Full Name (Last, First, Middle Initial)  
Sonoma

Mailing Address 223 Pennsylvania Ave SE

City Washington State DC Zip Code 20003-1107

Purpose of Disbursement  
PAC Meeting Expense

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** 80319.E1301

Date of Disbursement

/   /

Amount of Each Disbursement this Period

33.00

**[MEMO ITEM]**

MEMO: PAC MEETING EXPENSE

**SUBTOTAL** of Disbursements This Page (optional) .....

0.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 20 / 34

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Rely on Your Beliefs Fund

**A.**

Full Name (Last, First, Middle Initial)  
Amtrak

Mailing Address 50 Massachusetts Ave NE

City Washington State DC Zip Code 20002-4214

Purpose of Disbursement  
PAC Travel Expense

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 80319.E1300

Date of Disbursement

/   /

Amount of Each Disbursement this Period

108.00

**[MEMO ITEM]**

MEMO: PAC TRAVEL EXPENSE

**B.**

Full Name (Last, First, Middle Initial)  
Hyatt Hotels

Mailing Address 2800 Ocean Gtwy

City Cambridge State MD Zip Code 21613-3400

Purpose of Disbursement  
PAC Event Catering

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 80319.E1298

Date of Disbursement

/   /

Amount of Each Disbursement this Period

2957.70

**[MEMO ITEM]**

MEMO: PAC EVENT CATERING

**C.**

Full Name (Last, First, Middle Initial)  
Four Seasons Hotels

Mailing Address 98 San Jacinto Blvd

City Austin State TX Zip Code 78701-4052

Purpose of Disbursement  
PAC Lodging

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 80319.E1303

Date of Disbursement

/   /

Amount of Each Disbursement this Period

235.75

**[MEMO ITEM]**

MEMO: PAC LODGING

**SUBTOTAL** of Disbursements This Page (optional) .....

0.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 21 / 34

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Rely on Your Beliefs Fund

**A.**

Full Name (Last, First, Middle Initial)  
The Skirvin Hilton

Mailing Address 1 Park Ave

City Oklahoma City State OK Zip Code 73102-9003

Purpose of Disbursement  
PAC Lodging

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** 80319.E1302

Date of Disbursement

/   /

Amount of Each Disbursement this Period

203.85

**[MEMO ITEM]**

MEMO: PAC LODGING

**B.**

Full Name (Last, First, Middle Initial)  
Visa

Mailing Address PO Box 77042

City Madison State WI Zip Code 53707-1042

Purpose of Disbursement  
Credit Card Charges: See Below

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** 80319.E1289

Date of Disbursement

/   /

Amount of Each Disbursement this Period

710.42

CREDIT CARD CHARGES: SEE  
BELOW

**C.**

Full Name (Last, First, Middle Initial)  
Bullfeathers Restaurant

Mailing Address 120 7th St NE

City Washington State DC Zip Code 20002-6024

Purpose of Disbursement  
PAC Meeting Expense

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** 80319.E1291

Date of Disbursement

/   /

Amount of Each Disbursement this Period

97.33

**[MEMO ITEM]**

MEMO: PAC MEETING EXPENSE

**SUBTOTAL** of Disbursements This Page (optional) .....

710.42

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Rely on Your Beliefs Fund

**A.**

Full Name (Last, First, Middle Initial)  
Greenbrier Hotel

Mailing Address 300 W Main St

City State Zip Code  
White Sulphur Spri WV 24986-2414

Purpose of Disbursement  
PAC Lodging Expense

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** 80319.E1290

Date of Disbursement

/   /

Amount of Each Disbursement this Period

384.46

**[MEMO ITEM]**

MEMO: PAC LODGING EXPENSE

**B.**

Full Name (Last, First, Middle Initial)  
McKenna Long & Aldridge

Mailing Address 303 Peachtree St NE  
Suite 5300

City State Zip Code  
Atlanta GA 30308-3265

Purpose of Disbursement  
PAC Legal Services

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** 80218.E1262

Date of Disbursement

/   /

Amount of Each Disbursement this Period

13000.00

PAC LEGAL SERVICES

**C.**

Full Name (Last, First, Middle Initial)  
Thompson Communications

Mailing Address P.O. Box 5

City State Zip Code  
Marshfield MO 65706-0005

Purpose of Disbursement  
PAC Staffing Services

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** 80218.E1226

Date of Disbursement

/   /

Amount of Each Disbursement this Period

13496.90

PAC STAFFING SERVICES

**SUBTOTAL** of Disbursements This Page (optional) .....

26496.90

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Rely on Your Beliefs Fund

**A.**

Full Name (Last, First, Middle Initial)  
Thompson Communications

Mailing Address P.O. Box 5

City Marshfield State MO Zip Code 65706-0005

Purpose of Disbursement  
PAC Staffing Services

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** 80218.E1266

Date of Disbursement

02 / 15 / 2008

Amount of Each Disbursement this Period

33621.33

PAC STAFING SERVICES

**B.**

Full Name (Last, First, Middle Initial)  
Thompson Communications

Mailing Address P.O. Box 5

City Marshfield State MO Zip Code 65706-0005

Purpose of Disbursement  
PAC Staffing Services

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** 80319.E1308

Date of Disbursement

02 / 28 / 2008

Amount of Each Disbursement this Period

13496.00

PAC STAFFING SERVICES

**C.**

Full Name (Last, First, Middle Initial)  
Raspberry Falls Golf & Hunt Club

Mailing Address 41601 Raspberry Dr

City Leesburg State VA Zip Code 20176-6271

Purpose of Disbursement  
PAC Event Facility Deposit

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** 80218.E1227

Date of Disbursement

02 / 04 / 2008

Amount of Each Disbursement this Period

1890.00

PAC EVENT FACILITY DEPOSIT

**SUBTOTAL** of Disbursements This Page (optional) .....

49007.33

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Rely on Your Beliefs Fund

**A.**

Full Name (Last, First, Middle Initial)  
Aristotle International

Mailing Address 205 Pennsylvania Ave SE

City Washington State DC Zip Code 20003-1164

Purpose of Disbursement  
PAC Software

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** 80218.E1260

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1500.00

PAC SOFTWARE

**B.**

Full Name (Last, First, Middle Initial)  
Friends of Roy Blunt

Mailing Address PO Box 50100

City Springfield State MO Zip Code 65805-0100

Purpose of Disbursement  
Reimbursement for PAC Travel

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** 80319.E1306

Date of Disbursement

/   /

Amount of Each Disbursement this Period

387.40

REIMBURSEMENT FOR PAC TRA-  
VEL

**C.**

Full Name (Last, First, Middle Initial)  
Friends of Roy Blunt

Mailing Address PO Box 50100

City Springfield State MO Zip Code 65805-0100

Purpose of Disbursement  
Reimbursement for PAC Lodging

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** 80319.E1307

Date of Disbursement

/   /

Amount of Each Disbursement this Period

21.50

REIMBURSEMENT FOR PAC LOD-  
GING

**SUBTOTAL** of Disbursements This Page (optional) .....

1908.90

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
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<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Rely on Your Beliefs Fund

**A.**

Full Name (Last, First, Middle Initial)

Ms. Michelle Hawks

Mailing Address 11 S Montague St # 6

City  
Arlington

State  
VA

Zip Code  
22204-1007

Purpose of Disbursement  
Reimbursement for Mileage

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** 80218.E1228

Date of Disbursement

/   /

Amount of Each Disbursement this Period

241.53

REIMBURSEMENT FOR MILEAGE

**B.**

Full Name (Last, First, Middle Initial)

Keri Ann Hayes

Mailing Address 202 11th St NE

City  
Washington

State  
DC

Zip Code  
20002-6218

Purpose of Disbursement  
PAC Travel Expenses

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** 80218.E1268

Date of Disbursement

/   /

Amount of Each Disbursement this Period

58.00

PAC TRAVEL EXPENSES

**C.**

Full Name (Last, First, Middle Initial)

Professional Data Services, Inc.

Mailing Address 337 S Milledge Ave Ste 101

City  
Athens

State  
GA

Zip Code  
30605-1083

Purpose of Disbursement  
Compliance Consulting

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** 80218.E1265

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1500.00

COMPLIANCE CONSULTING

**SUBTOTAL** of Disbursements This Page (optional) .....

1799.53

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Rely on Your Beliefs Fund

**A.**

Full Name (Last, First, Middle Initial)  
The Sanctuary at Kiawah Island

Mailing Address 1 Sanctuary Beach Dr

City Johns Island State SC Zip Code 29455-5434

Purpose of Disbursement  
PAC Event Facility Deposit

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** 80218.E1258

Date of Disbursement

/   /

Amount of Each Disbursement this Period

22270.00

PAC EVENT FACILITY DEPOSIT

**B.**

Full Name (Last, First, Middle Initial)  
Dan Williams

Mailing Address 209 Pennsylvania Ave SE

City Washington State DC Zip Code 20003-1107

Purpose of Disbursement  
PAC Phones & Utilities

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** 80218.E1263

Date of Disbursement

/   /

Amount of Each Disbursement this Period

608.53

PAC PHONES & UTILITIES

**C.**

Full Name (Last, First, Middle Initial)  
Dan Williams

Mailing Address 209 Pennsylvania Ave SE

City Washington State DC Zip Code 20003-1107

Purpose of Disbursement  
PAC Telephones

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** 80218.E1259

Date of Disbursement

/   /

Amount of Each Disbursement this Period

115.77

PAC TELEPHONES

**SUBTOTAL** of Disbursements This Page (optional) .....

22994.30

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)

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<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Rely on Your Beliefs Fund

A.

Full Name (Last, First, Middle Initial)

Dan Williams

Mailing Address 209 Pennsylvania Ave SE

City  
Washington

State  
DC

Zip Code  
20003-1107

Purpose of Disbursement  
PAC Office Rent & Phones

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 80319.E1288

Date of Disbursement

/   /

Amount of Each Disbursement this Period

2177.80

PAC OFFICE RENT & PHONES

SUBTOTAL of Disbursements This Page (optional) .....

2177.80

TOTAL This Period (last page this line number only) .....

114373.32

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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NAME OF COMMITTEE (In Full)  
 Rely on Your Beliefs Fund

**A.**

Full Name (Last, First, Middle Initial)  
 Continental Airlines

Mailing Address 1600 Smith St

City Houston State TX Zip Code 77002-7362

Purpose of Disbursement  
 IN-KIND: AIRFARE

Candidate Name  
 MICHAEL MCCAUL

Category/  
 Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: TX District: 10

Transaction ID: 80220.E1277

Date of Disbursement

/   /

Amount of Each Disbursement this Period

950.00

**[MEMO ITEM]**

MEMO: IN-KIND: AIRFARE

**B.**

Full Name (Last, First, Middle Initial)  
 Walberg for Congress

Mailing Address 6769 Teachout Rd

City Tipton State MI Zip Code 49287-9807

Purpose of Disbursement

Candidate Name  
 TIMOTHY L WALBERG

Category/  
 Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: MI District: 07

Transaction ID: 80319.E1287

Date of Disbursement

/   /

Amount of Each Disbursement this Period

5000.00

**C.**

Full Name (Last, First, Middle Initial)  
 Schmidt for Congress

Mailing Address 771 Wards Corner Rd

City Loveland State OH Zip Code 45140-9049

Purpose of Disbursement

Candidate Name  
 JEANNETTE H SCHMIDT

Category/  
 Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: OH District: 02

Transaction ID: 80319.E1283

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1500.00

**SUBTOTAL** of Disbursements This Page (optional) .....

6500.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)  
 Rely on Your Beliefs Fund

<b>A.</b> Full Name (Last, First, Middle Initial) Amtrak	<b>Transaction ID:</b> 80220.E1280 <b>Date of Disbursement</b>
Mailing Address 50 Massachusetts Ave NE	<div> <div>M M / D D / Y Y Y Y</div> <div>0 2 / 0 7 / 2 0 0 8</div> </div>
City Washington State DC Zip Code 20002-4214	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement IN-KIND: TRAVEL EXPENSE	<div>169.00</div>
Candidate Name MICHAEL N CASTLE	<div>Category/Type</div>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: DE District: 01 Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>[MEMO ITEM]</b> MEMO: IN-KIND: TRAVEL EXPENSE
<b>B.</b> Full Name (Last, First, Middle Initial) Delta Airlines	<b>Transaction ID:</b> 80220.E1275 <b>Date of Disbursement</b>
Mailing Address 1030 Delta Blvd	<div> <div>M M / D D / Y Y Y Y</div> <div>0 2 / 0 7 / 2 0 0 8</div> </div>
City Atlanta State GA Zip Code 30354-1989	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement IN-KIND: AIRFARE	<div>937.80</div>
Candidate Name MARY C FALLIN	<div>Category/Type</div>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OK District: 05 Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>[MEMO ITEM]</b> MEMO: IN-KIND: AIRFARE
<b>C.</b> Full Name (Last, First, Middle Initial) Shelley Moore Capito for Congress	<b>Transaction ID:</b> 80319.E1285 <b>Date of Disbursement</b>
Mailing Address PO Box 11519	<div> <div>M M / D D / Y Y Y Y</div> <div>0 2 / 2 7 / 2 0 0 8</div> </div>
City Charleston State WV Zip Code 25339-1519	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement	<div>5000.00</div>
Candidate Name SHELLEY MOORE CAPITO	<div>Category/Type</div>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WV District: 02 Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

**SUBTOTAL** of Disbursements This Page (optional) .....

5000.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)  
 Rely on Your Beliefs Fund

**A.**

Full Name (Last, First, Middle Initial)  
 Lincoln Diaz Balart for Congress

Mailing Address 95 Merrick Way Ste 250

City State Zip Code  
 Coral Gables FL 33134-5314

Purpose of Disbursement

Candidate Name  
 LINCOLN DIAZ-BALART

Office Sought: ☒ House  
☐ Senate  
☐ President

State: FL District: 21

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** 80319.E1282

Date of Disbursement

/   /

Amount of Each Disbursement this Period

5000.00

**B.**

Full Name (Last, First, Middle Initial)  
 Mario Diaz Balart for Congress

Mailing Address 95 Merrick Way Ste 250

City State Zip Code  
 Coral Gables FL 33134-5314

Purpose of Disbursement

Candidate Name  
 MARIO DIAZ-BALART

Office Sought: ☒ House  
☐ Senate  
☐ President

State: FL District: 25

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** 80319.E1281

Date of Disbursement

/   /

Amount of Each Disbursement this Period

5000.00

**C.**

Full Name (Last, First, Middle Initial)  
 Tim Bee for Congress

Mailing Address PO Box 31985

City State Zip Code  
 Tucson AZ 85751-1985

Purpose of Disbursement

Candidate Name  
 TIMOTHY BEE

Office Sought: ☒ House  
☐ Senate  
☐ President

State: AZ District: 08

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** 80218.E1273

Date of Disbursement

/   /

Amount of Each Disbursement this Period

5000.00

**SUBTOTAL** of Disbursements This Page (optional) .....

15000.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)  
 Rely on Your Beliefs Fund

**A.**

Full Name (Last, First, Middle Initial)  
 Four Seasons Hotels

Mailing Address 98 San Jacinto Blvd

City Austin State TX Zip Code 78701-4052

Purpose of Disbursement  
 IN-KIND: LODGING SEE VISA 2-28-08

Candidate Name  
 MICHAEL MCCAUL

Category/  
 Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: TX District: 10

Transaction ID: 80220.E1279

Date of Disbursement

/   /

Amount of Each Disbursement this Period

322.00

**[MEMO ITEM]**

MEMO: IN-KIND: LODGING  
 SEE VISA 2-28-08

**B.**

Full Name (Last, First, Middle Initial)  
 Brett Guthrie for Congress

Mailing Address PO Box 9639

City Bowling Green State KY Zip Code 42102-9639

Purpose of Disbursement

Candidate Name  
 STEVEN BRETT GUTHRIE

Category/  
 Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: KY District: 02

Transaction ID: 80319.E1309

Date of Disbursement

/   /

Amount of Each Disbursement this Period

5000.00

**C.**

Full Name (Last, First, Middle Initial)  
 Duncan D. Hunter for Congress

Mailing Address PO Box 3917

City La Mesa State CA Zip Code 91944-3917

Purpose of Disbursement

Candidate Name  
 DUNCAN D HUNTER

Category/  
 Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: CA District: 52

Transaction ID: 80319.E1284

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1000.00

**SUBTOTAL** of Disbursements This Page (optional) .....

6000.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)  
 Rely on Your Beliefs Fund

<b>A.</b> Full Name (Last, First, Middle Initial) Jim Oberweis for Congress	<b>Transaction ID:</b> 80218.E1272 <b>Date of Disbursement</b>
Mailing Address 335 N River St Ste 203	<div> <div>M M / D D / Y Y Y Y</div> <div>0 2 / 1 8 / 2 0 0 8</div> </div>
City Batavia State IL Zip Code 60510-2391	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement	<div>5000.00</div>
Candidate Name JAMES D OBERWEIS	<div>Category/Type</div>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 14 Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Special Pri Debt Ret	
<b>B.</b> Full Name (Last, First, Middle Initial) Jim Oberweis for Congress	<b>Transaction ID:</b> 80218.E1274 <b>Date of Disbursement</b>
Mailing Address 335 N River St Ste 203	<div> <div>M M / D D / Y Y Y Y</div> <div>0 2 / 1 8 / 2 0 0 8</div> </div>
City Batavia State IL Zip Code 60510-2391	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement	<div>5000.00</div>
Candidate Name JAMES D OBERWEIS	<div>Category/Type</div>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 14 Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Special General	
<b>C.</b> Full Name (Last, First, Middle Initial) Schock for Congress	<b>Transaction ID:</b> 80218.E1271 <b>Date of Disbursement</b>
Mailing Address 1155 21st St NW Ste 330	<div> <div>M M / D D / Y Y Y Y</div> <div>0 2 / 1 8 / 2 0 0 8</div> </div>
City Washington State DC Zip Code 20036-3308	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement	<div>5000.00</div>
Candidate Name AARON SCHOCK	<div>Category/Type</div>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 18 Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

**SUBTOTAL** of Disbursements This Page (optional) .....

15000.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 33 / 34

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

Rely on Your Beliefs Fund

A.

Full Name (Last, First, Middle Initial)

The Skirvin Hilton

Mailing Address 1 Park Ave

City  
Oklahoma City

State  
OK

Zip Code  
73102-9003

Purpose of Disbursement  
IN-KIND: LODGING SEE VISA 2-28-08

Candidate Name  
JOHN SULLIVAN

Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: OK District: 01

Transaction ID: 80220.E1276

Date of Disbursement

/   /

Amount of Each Disbursement this Period

203.85

**[MEMO ITEM]**

MEMO: IN-KIND: LODGING  
SEE VISA 2-28-08

SUBTOTAL of Disbursements This Page (optional) .....

0.00

TOTAL This Period (last page this line number only) .....

47500.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 34 / 34

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Rely on Your Beliefs Fund

A.

Full Name (Last, First, Middle Initial)  
Illinois Republican Party

Mailing Address 205 W Randolph St Ste 1245

City State Zip Code  
Chicago IL 60606-1815Purpose of Disbursement  
CONTRIBUTION

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 80319.E1310

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2		2	5		2	0	0	8

Amount of Each Disbursement this Period

5000.00

SUBTOTAL of Disbursements This Page (optional) .....

5000.00

TOTAL This Period (last page this line number only) .....

5000.00